



**GEORGIA MEDICAID FEE-FOR-SERVICE
CALCIUM CHANNEL BLOCKERS – NONDIHYDROPYRIDINES
PA SUMMARY**

Preferred	Non-Preferred
Cartia XT (generic Cardizem CD) Dilt-CD (generic Cardizem CD) Diltiazem CD/ER except 360mg (generic Cardizem CD) Diltiazem HCL (generic Cardizem) Diltiazem ER (generic Dilacor XR) Dilt-XR (generic Dilacor XR) Tiazac Verapamil HCL	Diltiazem CD/ER 360mg (generic Cardizem CD) Diltiazem ER (generic Tiazac) Diltzac (generic Tiazac) Matzim LA (generic Cardizem LA) Taztia XT (generic Tiazac) Verapamil ER PM (generic)

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

For Diltiazem CD/ER 360mg Generic, Diltiazem ER Generic, Diltzac Generic, Matzim LA Generic and Taztia XT Generic

- ❖ Physician must submit a written letter of medical necessity stating the reasons that brand Cardizem LA or brand Tiazac and at least one other preferred medication are not appropriate for the member.

For Verapamil ER PM Generic

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions or a history of intolerable side effects to at least 2 preferred products (1 diltiazem preferred product and 1 verapamil preferred product).

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.



QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.